

TRANSMITTAL LETTER FOR MANUAL RELEASES

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BENEFICIARY SERVICES ADMINISTRATION
DIVISION OF ELIGIBILITY SERVICES
201 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201

410-767-1463

1-800-492-5231 extension 1463

MANUAL: Medical Assistance

EFFECTIVE DATE: July 1, 2005

RELEASE NO: MR-123

ISSUED: June 2005

APPLICABILITY: non-qualified aliens, State-only X01 coverage for ineligible qualified aliens, X02 coverage for emergency medical services for illegal or ineligible aliens, residency requirements for aliens with visitor visas

<u>Item</u>	<u>Remove Pages</u>	<u>Insert Pages</u>
<u>Chapter 5 – Non-Financial Eligibility Requirements</u>		
(non-qualified aliens, State-only coverage in X01 for ineligible qualified aliens, emergency medical services in X02 for illegal or ineligible aliens)	500-7 – 500-8d	500-7 – 500-8d-2
(residency requirements related to temporary visitors)	500-8i – 500-8j	500-8i – 500-8j
(residency requirements related to aliens with visitor visas)	500-8o – 500-8p	500-8o – 500-8t

COMMENTS

The explanation of non-qualified aliens is clarified, as well as the eligibility policies for the two types of non-qualified aliens—ineligible aliens and illegal aliens.

Funding was removed from the State's budget effective July 1, 2005 for the State-only Medical Assistance (MA) coverage group X01. This coverage group is only for aliens who qualify technically and financially for MA or the Maryland Children's Health Program (MCHP), except that they are qualified aliens subject to the 5-year bar who have not lived in the United States for at least 5 years as a qualified alien.

- Children's certification for X01 will end as of June 30 through a mass modification in CARES and MMIS. In June, the Department of Health and Mental Hygiene will mail the adverse action notice to these children. They will be advised to complete the

enclosed MCHP application and mail it to their local health department if they think that they are federally eligible and want to re-apply. Some of these children may now be federally eligible because they are naturalized citizens, asylees, or refugees, or are qualified aliens who either entered the United States before August 22, 1996 or have lived in the United States for at least 5 years as a qualified alien.

- If the child X01 recipient is currently pregnant, they are advised in the adverse action notice to tell their eligibility case worker immediately. The eligibility case worker should reactivate their X01 eligibility (as a pregnant woman) without a break until the end of the postpartum period after their delivery.
- X01 applications for children that were received before July 1, 2005 may be approved, but with X01 eligibility end-dated as of June 30, 2005.
- X01 applications for children that are received on or after July 1, 2005 must be denied, including retroactive coverage that would have begun before July 1, 2005.
- At this time, there is no change in coverage of pregnant women in X01 category.

Policies and procedures are clarified for coverage group X02, which only covers emergency medical services for illegal or ineligible aliens. Federal rules are emphasized that the eligibility case worker may not require that aliens applying for coverage of only emergency medical services in coverage group X02:

- Declare or provide verification of their immigration status;
- Provide or apply for a Social Security number (SSN); or
- Provide information about the immigration status or SSN of someone who is not applying for public benefits (e.g., the applicant's spouse or parents).

CARES is not programmed with eligibility policy for X02. Therefore, eligibility must be determined off-line using the rules for the most appropriate community-based MA or MCHP coverage group with full benefits in the F, P, or S track (except for P13 or P14). All of the non-financial and financial eligibility requirements for that coverage group are applied, as specified in Chapters 4 – 9 of this Manual. For example:

- The eligibility case worker must verify that the applicant is a Maryland resident, with the intent to remain permanently or indefinitely.
- The assistance unit must meet the income and resource standards for the appropriate coverage group. The assistance unit rules in Chapter 6 are applied, so that the income and resources are considered of the applicant's spouse or of the parents for a minor child applicant. However, resources are not considered for a child or pregnant woman being considered under the MCHP rules for the P-track.
- The medically needy Aged, Blind or Disabled rules are applied if the applicant is 21 to 64 years old and is not the parent or other caretaker relative of a minor child living with the applicant. The applicant must be determined disabled by the Social Security Administration or the Department of Human Resources' State Review Team.
- If the applicant's eligibility is being determined for a medically needy coverage group and the assistance unit is income-overscale, the applicant must spend down with incurred medical expenses before X02 coverage is approved for the emergency medical services.

The residency requirements are clarified for MA and MCHP non-financial eligibility, especially as applied to aliens. An individual does not meet the residency requirements who is in Maryland for a specific, time-limited purpose and does not intend to remain permanently or for an indefinite period. The only exceptions are for migrant workers and their immediate family and for persons who entered Maryland with a job commitment or seeking employment. An individual who entered Maryland voluntarily to receive non-institutional medical care (e.g., acute hospital services, labor and delivery services), and who does not intend to live in Maryland permanently or indefinitely after the treatment is complete, is not considered a Maryland resident.

Due to a complaint filed with the U.S. Department of Health and Human Services Office of Civil Rights, the policy related to the evaluation of residency for aliens with a temporary visitor's visa is replaced with policy more consistent with federal requirements. It may not be assumed that an alien is not a Maryland resident solely because the individual has a temporary visitor's visa that has not expired. However, if there is any question about whether an applicant is a resident (such as because the applicant is an alien with a visitor's visa), the applicant is required to provide written verification of residency. The residency requirements apply for all MA and MCHP applicants, including aliens who only request coverage for emergency medical services (coverage group X02). These verifications are discussed in Chapter 4 and in the Appendix on Verification/Documentation at the end of this Manual. On the attached pages 500-8p and 500-8q are questions that may help the eligibility case worker determine whether the applicant intends to remain in Maryland permanently or indefinitely. Case examples are given on pages 500-8q – 500-8t, that are consistent with this modified policy.

attaching a copy of the document.

○ Alien who has had deportation withheld under §243(h) of the INA-Order of an Immigration Judge showing deportation withheld under §243(h) and date of the grant; or Forms I-688 or I-766 annotated "274a. 12(a)(10)." If applicant/beneficiary presents a court order, contact INS to verify that the order was not overturned on appeal by filing a G-845 with the local INS district office, attaching a copy of the document.

○ Alien granted parole for at least 1 year by the INS- INS Form I-94 endorsed to show grant of parole under §212(d)(5) of the INA and a date showing granting of parole for at least 1 year.

○ Alien granted conditional entry under the immigration law in effect before April 1, 1980-INS Form I-94 with stamp showing admission under §203(a)(7), refugee-conditional entry; or Forms I-688B or I-766 annotated "274a 12(a)(3)."

Evidence of Honorable Discharge or Active Duty Status

Acceptable documentation of honorable discharge or active duty status include the following documents:

- Discharge: - An original of the veteran's discharge papers issued by the branch of service in which the applicant was a member.
- Active Duty Military: - An original of the applicant's current orders posting the applicant to a military, air or naval base.
- A self-declaration under penalty may be accepted pending receipt of acceptable documentation.

Non-Qualified Aliens

Non-qualified aliens are illegal aliens or ineligible legal aliens who do not qualify for federal coverage of full benefits because they do not meet the citizenship/alien eligibility requirements for Medical Assistance (MA) or the Maryland Children's Health Program (MCHP). Pregnant women who are ineligible qualified aliens may be eligible for most benefits in the State-only coverage category of X01. Illegal or otherwise ineligible legal aliens may be eligible for coverage of only emergency medical services in the federal coverage category of X02 if they received treatment for an emergency medical condition and meet all other MA or MCHP technical and financial eligibility requirements for full benefits in COMAR 10.09.24 or COMAR 10.09.11, including verified Maryland residency.

Ineligible Aliens

Ineligible aliens include qualified aliens (as defined in this Chapter) who are ineligible for full federal MA or MCHP coverage because they entered the U.S. on or after August 22, 1996 and have not yet met the 5-year bar to coverage (i.e., since the most recent U.S. entry date, have lived continuously in the U.S. at least 5 years as a qualified alien). Ineligible aliens also include legal aliens or immigrants who do not meet the definition of a qualified alien, such as aliens lawfully admitted to the U.S. for a temporary or specified time period, not as a permanent legal resident. These temporary visitors include the following:

- Foreign government representatives on official business and their families and servants;
- Visitors for business or pleasure, including exchange visitors;
- Aliens in travel status while traveling directly through the U.S;
- Crewmen on shore leave;
- Treaty traders and investors and their families;
- Foreign students;
- International organization representatives and personnel and their families and servants;

- Temporary workers including agricultural contract workers; and
- Members of foreign press, radio, film or other information media and their families.

Illegal Aliens

An illegal alien is an alien not lawfully residing in the U.S. for either a permanent or temporary purpose. This group includes persons who entered the U.S. illegally, regardless of the means by which the alien arrived (e.g., border crossing by boat, train, car, bus, airplane or by foot). Illegal aliens also include aliens who were legally admitted for a limited period of time and did not leave the U.S. when the approved period expired.

2. X-Track - Coverage of Certain Aliens for State-Only Medical

Assistance or for Only Emergency Medical Services

- Certain “non-qualified” aliens who are not eligible for MA or MCHP benefits in a federal category may be covered for most services in the State-only coverage category of X01 or for only emergency medical services in the federal category of X02.
- Applicants who meet the citizenship/alien requirements for full federal coverage should not be determined eligible in the X-track, such as:
 - Naturalized citizens;
 - Qualified aliens who entered the United States on or after August 22, 1996 and have lived continuously in the U.S. for at least 5 years as a qualified alien;
 - Qualified aliens with an immigration status that is not subject to the 5-year bar, such as asylees, refugees, and victims of trafficking; and
 - Qualified aliens who most recently entered the U.S. for a continuous stay before August 22, 1996, even if they entered as an illegal or ineligible alien.

Children and Pregnant Women – Ineligible Qualified Aliens State-Only (X01)

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996

Page 500-8a

contained provisions restricting the eligibility of certain legal aliens for federal benefit programs. Due to cuts in the State's budget for FY 2006:

- Effective July 1, 2005, children are no longer eligible for the State-only MA coverage group X01, except for children who are pregnant.
 - Coverage ends as of June 30, 2005 for non-pregnant children enrolled in X01.
 - Beginning July 1, 2005, all applications received for X01 coverage as a child will be denied, including retroactive coverage that would have begun before July 1, 2005.
- For X01, a child was defined as:
 - (1) Younger than 18 years old; or
 - (2) A full-time student and reasonably expected to complete a program of secondary education or the equivalent level of vocational or technical training before the end of the calendar year in which the child turned 19 years old.

Previously, a qualified alien who entered the U.S. on or after August 22, 1996 and had not met the required 5-year bar was eligible in X01 for most MA benefits, if the child or pregnant woman otherwise qualified technically and financially for full federal coverage in a MA or Maryland Children's Health Program (MCHP) community coverage group.

- Pregnant X01 recipients:
 - Are covered while they are pregnant and for a postpartum period that extends from their delivery until the last day of the second month after their delivery;
 - Are covered for the same services as a pregnant woman eligible in a community MA or an MCHP coverage category;
 - Are no longer eligible for X01 if the woman has a miscarriage or abortion;
 - Are not covered for abortion services; and

- Are not enrolled in HealthChoice, but receive covered services on a fee-for-service basis.

Emergency Medical Services for Illegal or Ineligible Aliens (X02)

A “non-qualified” alien may be eligible for federal coverage of treatment for an emergency medical condition only. An illegal or ineligible alien may qualify for X02 if the individual fails to meet the citizenship/alien requirements but otherwise qualifies for a community coverage group with full federal benefits under MA COMAR 10.09.24 or MCHP COMAR 10.09.11 (except for coverage groups P13 or P14). The individual must meet all of the financial and technical requirements for MA or MCHP eligibility, except the technical requirements related to citizenship/alien status and a Social Security number (SSN). **NOTE:** The non-financial eligibility requirements for X02 include Maryland residency. See Part B “Residency” in this Chapter, including Section (7) “Visitor Visas, State Residency, and Emergency Medical Services.”

The eligibility case worker may not require that an alien applying for only emergency medical services in coverage group X02 declare or provide verification of immigration status. Also, the applicant may not be required either to provide a Social Security number (SSN) or apply for an SSN. However, if information already exists in the record about the applicant’s immigration status and/or SSN, the case worker must use that information when determining eligibility.

The case worker may not require that information be provided about the immigration status or SSN of someone who is not applying for public benefits, such as the applicant’s spouse or parents.

Explanation of Emergency Medical Services

A “non-qualified” alien may only be eligible for coverage group X02 if the alien needs care and services for the treatment of an emergency medical condition. An emergency medical condition (including labor and delivery) occurs after a sudden onset

and manifests itself by acute symptoms of sufficient severity (including severe pain) so that the absence of immediate medical attention can reasonably be expected by a prudent layperson possessing an average knowledge of health and medicine to result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Maryland Medicaid defines emergency medical services as those services rendered in a hospital from the moment the individual presents with an emergency medical condition, to the time the person's condition is stabilized. Emergency medical services also include:

- Labor and delivery services;
- Dialysis and related services for end stage renal disease (ESRD);
- Services for Acquired Immune-Deficiency Syndrome (AIDS); and
- Cancer treatments that are considered by the Department of Health and Mental Hygiene to be emergency medical services.

The emergency medical services covered for illegal or ineligible aliens under coverage group X02 do not include:

- Routine prenatal or post-partum care;
- Any medical services to treat and/or evaluate a condition if the services do not meet the definition of emergency medical services;
- Medical support, medical equipment, or prescribed drugs which are required beyond the point at which an emergency medical condition is stabilized; and
- Any services related to an organ transplant or other transplant procedure.

General Eligibility Requirements for Coverage Group X02

1. Except for citizenship/alien status requirements and enumeration (Social Security number), all MA technical eligibility requirements including residency (see Part B "Residency" in this Chapter) must be met for X02 coverage.
2. All financial eligibility requirements must be met for the community-based coverage

group for which eligibility would be determined if the applicant met the federal citizenship/alien requirements--Families and Children (FAC) in the F-track; Aged, Blind or Disabled (ABD) in the S-track; or Maryland Children's Health Program (MCHP) in the P-track (except for P13 and P14).

- Spend-down of any excess income is required before X02 eligibility may be established, if the applicable coverage group is medically needy FAC (F99) or ABD (S99).
 - Resources are not considered if eligibility is determined under MCHP rules for a child under 19 years old or a pregnant woman.
3. The eligibility requirements include assistance unit requirements, including the consideration of income and resources of assistance unit members who are not requesting coverage (i.e., the applicant's spouse or the parents of an unmarried minor child applicant).
 4. An applicant between the ages of 21 and 64 who is not pregnant and is not the parent or other caretaker relative of an unmarried minor child living in the household (i.e., is not technically eligible under FAC or MCHP rules) must be determined blind or disabled by the U.S. Social Security Administration or the Maryland Department of Human Resources' State Review Team (SRT) in order to meet the technical eligibility rules for an ABD coverage category. If a non-elderly adult is not blind or disabled, the applicant is technically ineligible for X02 coverage, even if the applicant received emergency medical services.
 5. Non-qualified aliens applying for coverage of emergency medical services are not required to:
 - Sign a written declaration or otherwise provide documentation of immigration status;
 - Provide or apply for a Social Security number (SSN); or
 - Provide immigration documents or an SSN for non-applicants in the household, such as the applicant's spouse or parents.
 6. Only a person with incurred expenses for emergency medical services received by

the individual may be certified in the X02 coverage group.

7. The certification period for X02 is only for the month(s) that the Department of Health and Mental Hygiene (DHMH) approves the applicant's medical eligibility for emergency medical services, or the month of the applicant's labor and delivery.

Medical Eligibility Requirements for Coverage Group X02

1. Documentation of Emergency Medical Services Other than Labor and Delivery Services. For an alien to be eligible in X02, the service received must be consistent with the "Explanation of Emergency Medical Services" above. DHMH determines whether the service meets the X02 coverage requirements by reviewing a medical report about the treatment received. The medical report must be in sufficient detail for DHMH to determine both the diagnosis and whether the treatment was of an emergency nature.

The documentation of the emergency nature of the medical services must include:

- Diagnosis (or diagnoses) and
- Description of treatment and
- Dates of treatment and
- MMIS Screen 1 or the CARES or MMIS Inquiry Screen showing the results of a search for whether the applicant has a previous history on CARES or MMIS.

Following is a list of acceptable medical documentation:

- When the patient has been discharged:
Discharge summary with admission and discharge dates.
- When the patient has not been discharged:
Course of medical treatment, including admission date and tentative discharge date.

A person is not a resident of Maryland if the person came into Maryland for a specific, time-limited purpose and does not intend to remain here permanently or indefinitely. (Note the exceptions in Sections (5) and (7) below for persons seeking employment and migrant workers and their families.) A person who comes to Maryland voluntarily only seeking non-institutional medical care (e.g., acute hospital services, labor and delivery services) is not a resident of Maryland. A visitor to the State is not a resident.

A student from another state may or may not be a resident of Maryland. Among the factors to consider with regard to a student are: the student's registration with the school as an in-state or out-of-state student or the state that is on record for the student's voter registration, student aid, or driver's license.

A person may not be eligible for Medical Assistance in two states at the same time. This does not mean that a case may not be open in two states at the same time. When a person moves from one state to another, the person is no longer eligible in the former state of residence. However, it may be administratively impossible for the former state to close the case immediately. Adequate and timely written notice must be issued before a case is closed. The eligibility case worker may not wait for the former state to process a case closure before granting MA eligibility to an otherwise eligible person. The fact that a case is still open in another state is not sufficient reason to deny or delay eligibility for an otherwise eligible case. When granting eligibility in such a case, the eligibility case worker should still make every effort to verify that the former state is aware of the change of residency. The case should be flagged for a reasonable interval to insure that the closing is eventually verified. The eligibility case worker may assist the other state by sharing case information which may expedite the eligibility determination process.

(3) Residency is retained until abandoned. Temporary absence from the State, with the intention to return to the State, does not interrupt continuity of residency.

The situation of a person who routinely lives part of each year in another state must be evaluated to determine which state is the permanent residence. A person is a Maryland resident if throughout his annual absence from Maryland he declares his intention to remain a resident of Maryland, he has an established residential address to return to in Maryland, and he has not been certified for Medical Assistance in another state. The anticipated dates of absence from Maryland should be ascertained and the case flagged for the anticipated date of return, if it falls within the certification period.

Routine absence from the State does not include periods of absence for medical treatment preauthorized under the Maryland Medical Assistance Program or for unanticipated medical care. Such absences would not adversely affect Maryland residency.

- (4) *Notwithstanding any other provisions of this section, the state of residence for a recipient of a state supplementary SSI payment is the state making the supplementary payment.*

A person receiving state-supplemented SSI from another state may move to Maryland with the intention of making his permanent home here. This person is not automatically eligible for Medical Assistance in Maryland until his change of state residence has been verified and appropriate changes in his payment amount have been made by the Social Security Administration. SDX provides the appropriate verification. Note: A person may become ineligible for SSI if he has income exceeding the basic SSI limitation and was eligible in his former state of residence only because of the higher

- (i) His parents or his legal guardian (if one has been appointed) reside; or
- (ii) The parent applying for Medical Assistance on his behalf resides (if the parents reside in separate states and there is no appointed legal guardian).
- (f) Any other person who is 21 years old or older is a resident of the state in which he is living with the intention to remain permanently or for an indefinite period.

(7) Visitor Visas, State Residency, and Emergency Medical Services

State residency is a condition of eligibility for all coverage groups, including ineligible or illegal aliens who apply for coverage of emergency medical services in coverage group X02. A person who entered the State of Maryland for a temporary purpose cannot be considered a resident of Maryland, unless the person subsequently decides to remain permanently or for an indefinite period and can verify this intent. An alien with a visitor's visa or other time-limited approval for U.S. entry may be considered a Maryland resident if the person entered the state:

- with a job commitment or seeking employment, including a migrant worker; or
- on a temporary basis but remained in Maryland and established it as the State where he/she lives.

An alien's visa, such as a student visa, or other immigration documents may indicate a specific period of time that the person was approved to remain in the U.S. by the Department of Homeland Security. If the eligibility case worker knows that an applicant has a visitor's visa or other time-limited visa, this is cause for questioning the individual's residency. Applicants may be asked about their intent to remain in Maryland and how long they intend to stay in Maryland. If there is any question about whether the applicant is a resident, the eligibility case worker is required to ask the applicant for written verification of residency, as discussed in Chapter 4 as well as in the Appendix on Verification/Documentation at the end of this Manual.

When an individual with a temporary visa indicates the intent to remain in Maryland permanently or indefinitely, regardless of the expiration date on the visa, the

eligibility case worker must consider various factors when determining whether the residency requirements are met. The eligibility case worker must ask the applicant about present and past living arrangements and other pertinent questions in order to verify residency, such as:

1. When did you come to Maryland? Why did you come? For how long do you plan to stay in Maryland?
2. Did you know about your medical condition before you came to Maryland? Did you come to receive medical care? Will you leave Maryland when your treatment is complete?
3. Did you come to Maryland because you had a job offer or because you were looking for a job? Did you come to Maryland as a migrant worker or because you are the spouse or child of a migrant worker?
4. Where do you live? How long have you lived at this address? Where did you live previously and for how long?
5. What are your living arrangements? With whom do you live?
6. Are these living arrangements permanent or temporary? If temporary, what are your future plans?
7. Do you own or rent your residence, or do you live in someone else's home? *Ask for verification of a lease or mortgage, or obtain a written statement of living arrangements from the landlord or other person responsible for the residence.*
8. Do you intend to return to live in your country of origin? Do you have a home there? Will you return to your country to work? Do you have a job there, or are you receiving other income from there?
9. Are you working in Maryland or someplace else? How are you supporting yourself? What are your sources of income?
10. How were you supported before your arrival in Maryland? What has happened to these means of support?
11. What resources do you have? Do you have any resources in your country of origin, such as a bank account?

12. *If school-age children are part of the household, ask for verification of school attendance.*
13. *The eligibility case worker may request other types of documentation deemed necessary to determine eligibility.*

Example A.

Mr. A. arrived from Nigeria and entered the U.S. on a visitor's visa. His departure date is six months after arrival. Mr. A. stays at a relative's home in Baltimore. Within days of arrival, Mr. A. was taken to the hospital due to severe chest pains. He was admitted and emergency surgery was performed to treat several blocked arteries and repair another heart defect. Upon release, Mr. A. recuperated at his relative's home.

While in the hospital, an application for coverage of the emergency medical service was filed with the hospital MA worker. Mr. A. stated to the worker that he intends to stay in Baltimore indefinitely, and he has no intention of returning to his country.

Based on Mr. A's statement of his intent to remain in Baltimore indefinitely, the eligibility case worker must accept his statement and request verification to prove his intent. The verification requested should be the same as for a U.S. citizen who moved to Maryland from another state and is stating the intent to reside in Maryland. (See Chapter 4 as well as in the Appendix on Verification/Documentation at the end of this Manual about verifying residency.) If all factors of eligibility are met, Mr. A may receive coverage of his emergency services.

Example B.

Ms. B. arrived from Trinidad and entered the U.S on a visitor's visa. Her departure date is two months after arrival. Ms. B. was pregnant, and the baby was due two weeks after her departure date. Ms. B. stays with her sister in Prince George's County. One month after her arrival, Ms. B. went into labor and was taken to a local

hospital where she delivered a baby girl.

After delivery, Ms. B. filed an application at the local health department for coverage of the labor and delivery. Even though Ms. B. is living with her sister, her status as a visitor may indicate that she is not a Maryland resident, and so may be ineligible for emergency coverage of the labor and delivery. However, if Ms. B states that she intends to remain in Maryland for a permanent or indefinite period of time, the eligibility case worker must follow the procedures in Example A to verify residency. If all factors of eligibility are met, Ms. B may receive coverage of her emergency services. In addition, since the newborn was born in the U.S. and, therefore, is a citizen, an application for MA or MCHP should be taken for the baby.

Example C.

Mr. C. has lived in Maryland for 3 years. He entered the U.S. on a visitor's visa, and has had his departure date extended several times. His current departure date is six months in the future. Mr. C. is a student, rents an apartment with several other students, and has a Maryland driver's license. Mr. C. was severely injured in an auto accident and was taken to a shock trauma unit where he was admitted to the hospital, and remained for one week.

While he was in the hospital, an application for coverage of the emergency medical service was filed with the hospital MA worker. Mr. C. stated that he hopes to apply for permanent residency and obtain employment in Maryland after he graduates. Although Mr. C. was in the country as a student on a visitor visa at the time the emergency service was rendered, he has been living in Maryland and stated his intent to remain in Maryland as a resident. The eligibility case worker must follow the procedure in Example A to verify residency. If all factors of eligibility are met, Mr. C may receive coverage of his emergency services.

Example D.

Ms. D. entered the U.S. on a visitor's visa and had a departure date two months after arrival. She stayed with family in Baltimore, and failed to leave the country by her designated departure date. One week after the designated departure date, Ms. D. arrived at a hospital emergency room complaining of pain and fever. She was diagnosed with cancer and received surgery to remove several tumors.

While in the hospital, Ms. D. applied for coverage of her emergency medical services. Since her departure date has passed, she is an illegal alien. She stated that she plans to remain in Maryland indefinitely. The eligibility case worker must follow the procedure in Example A to verify residency. If all factors of eligibility are met, Ms. D. may receive coverage of her emergency services.

Example E.

Mr. E. entered the U.S. on a visitor's visa. He has been visiting various sites in the U.S. Mr. E. visits Baltimore and while in Baltimore he has chest pains. He is taken to the hospital emergency room and is kept overnight for observation. He is released from the hospital the next day.

While in the hospital, Mr. E. applied for coverage of his emergency medical services. He states that he is traveling in the U.S. and intends to return to his home country in two weeks. Because Mr. E. was in the country as a visitor at the time the emergency medical service was rendered, he cannot be considered a Maryland resident and so is ineligible for coverage of the emergency medical services.

C. Age.

1. In order to be eligible as an aged person, a person shall be at least 65 years old.
2. For determining a person's age, July 1 shall be used as an arbitrary birth date if the year, but not the month, of birth is known.

3. An age is reached on the day of the anniversary of birth.
4. The regulations applying to aged, blind, or disabled persons may not be applied to a non-blind or non-disabled person for any month prior to the first month that the person may be considered aged as determined by this standard.
5. The local department of social services shall accept the Social Security Administration's determination of age 65 for a person receiving a Social Security benefit based on age 65.

D. Blindness.

1. In order to be eligible as a blind person, a person shall meet the definition of blindness at Regulation .02 of COMAR 10.09.24.
2. Procedure for Determination of Blindness.
 - a) The person shall be examined by an ophthalmologist or a licensed optometrist, unless both of the person's eyes are missing.
 - b) The ophthalmologist or licensed optometrist shall submit a report of the examination to the local department of social services.